,	P	PART I	B - FEE(S) TRANS	SMITTAL		_
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885		
INSTRUCTIONS This appropriate. All indicated unless correct maintenance fee notifica	form sould be used in modern to including transfer or directed of tions.	for transmitting the ISSU ing the Patent, advance of the patent, advance of the patents in Block 1, by (s	UE FEE and PUBLICA rders and notification of a) specifying a new cor	TION FEE (if requ f maintenance fees v respondence address	ired). Blocks I throu vill be mailed to the and/or (b) indicating	gh 5 should be completed where current correspondence address as a separate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
GABRIELA TOMESCU c/o RYAN KROMHOLZ & MANION, S.C.: P.O. BOX 26618				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
MILWAUKEE, WI 53226-0618				CINDY ANDERSON (Depositor's name)		
02/29/2008 FMETEKI2 00000041 10718254				(Signature)		
01 FC:2501 720.00 OP			L	27 FEBRUARY 2008		(Date)
APPLICATION NO.	FILING DATE	FILING DATE FIRST NAMED INVI		DR .	ATTORNEY DOCKET	NO. CONFIRMATION NO.
10/718,254 TITLE OF INVENTION PHARYNGEAL CONDI		MS, AND METHODS	Lionel M. Nelson TO FIXATE TISSUE	WITHIN THE REC	9473.18472 GIONS OF BODY, S	8150 SUCH AS THE
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE DATE DUE
nonprovisional	YES .	\$720	\$300	\$0	\$1020	02/28/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
LEWIS, KIANDRA CHARLE		3772	128-848000	_		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. RYAN KROMHOLZ & MANION, S.C.			
3. ASSIGNEE NAME AT PLEASE NOTE: Unit recordation as set fort (A) NAME OF ASSIGNAPNEON, II	ess an assignee is identi n in 37 CFR 3.11. Comp GNEE		**	patent. If an assign n assignment. TY and STATE OR C		, the document has been filed for
Please check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual 🕱Co	orporation or other private	vate group entity Government
4a. The following fcc(s) a Issue Fee Publication Fee (N Advance Order - #	o small entity discount p	ermitted)	D. Payment of Fee(s): (Pl	l. ard. Form PTO-2038	is attached.	any deficiency, or credit any close an extra copy of this form).

5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

27 FEBRUARY 2008

29,243 Registration No.

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